



1-23-06

PTO/SB/21 (04-04)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/791,642
		Filing Date	March 2, 2004
		First Named Inventor	Steven E. Muenter et al.
		Art Unit	3662
		Examiner Name	Luke D. Ratcliffe
Total Number of Pages in This Submission		Attorney Docket Number	7784-000672/CPA

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	HDP Form 1449 (w/no refs attached); and return receipt postcard
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name Mark D. Elchuk / Erica K. Schaefer	Reg. No. 33,686 / 55,861
Signature			
Date	January 20, 2006		

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

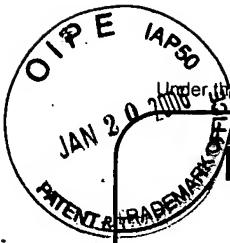
Typed or printed name	Lynnette M. Frobish-Sexton	Express Mail Label No.	EV 717 344 123 US (1/20/2006)
Signature		Date	January 20, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)
180

Complete if Known	
Application Number	10/791,642
Filing Date	March 2, 2004
First Named Inventor	Steven E. Muentner et al.
Examiner Name	Luke D. Ratcliffe
Art Unit	3662
Attorney Docket No.	7784-000672/CPA

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Other None
Order
 Deposit Account:Deposit Account Number
08-0750Deposit Account Name
Harness, Dickey & Pierce, PLC

The Director is authorized to: (check all that apply)

-
- Charge fee(s) indicated below
-
- Credit any overpayments
-
-
- Charge any additional fee(s) or any underpayment of fees under 37 CFR 1.16 and 1.17
-
-
- Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1001	790	2001	395
1002	350	2002	175
1003	550	2003	275
1004	790	2004	395
1005	160	2005	80
SUBTOTAL (1)		(\$) 0	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

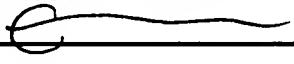
Total Claims	-20 **	=	0	X	Fee from below	=	0	Fee Paid
Independent Claims	-3 **	=	0	X		=	0	
Multiple Dependent				X		=	0	

Large Entity	Small Entity	Fee Description	
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1202	50	2202	25
1201	200	2201	100
1203	360	2203	180
1204	200	2204	100
1205	50	2205	25
SUBTOTAL (2)		(\$) 0	

**or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	120	2251	60
1252	450	2252	225
1253	1020	2253	510
1254	1590	2254	795
1255	2160	2255	1080
1401	500	2401	250
1402	500	2402	250
1403	1000	2403	500
1451	1,510	1451	1,510
1452	500	2452	250
1453	1500	2453	750
1501	1400	2501	700
1502	800	2502	400
1503	1100	2503	550
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	790	2809	395
1810	790	2810	395
1801	790	2801	395
1802	900	1802	900
Other fee (specify) _____			
*Reduced by Basic Filing Fee Paid		SUBTOTAL (3) (\$) 180	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Mark D. Elchuk / Erica K. Schaefer	Registration No. (Attorney/Agent)	33,686 / 55,861 Telephone (248) 641-1600
Signature		Date	January 20, 2006